

1. State the amendment number

Number of pages attached

2. Date filed

#### ANNUAL STATEMENT

#### FOR THE YEAR ENDING DECEMBER 31, 2018

OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan NAIC Company Code 95844 Employer's ID Number NAIC Group Code 1311 1311 38-2242827 (Current Period) Organized under the Laws of Michigan State of Domicile or Port of Entry Michigan Country of Domicile **United States** Licensed as business type: Life, Accident & Health [ ] Hospital, Medical & Dental Service or Indemnity [ ] Property/Casualty [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ] Dental Service Corporation [ ] Is HMO, Federally Qualified? Yes [ X ] No [ ] Incorporated/Organized 06/27/1978 02/08/1979 Commenced Business \_ Statutory Home Office 2850 West Grand Boulevard Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) Main Administrative Office 2850 West Grand Boulevard Detroit, MI, US 48202 313-872-8100 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) Mail Address 2850 West Grand Boulevard Detroit, MI, US 48202 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) Primary Location of Books and Records 2850 West Grand Boulevard (Street and Number) Detroit, MI, US 48202 248-443-1093 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension) Internet Web Site Address www.hap.org Statutory Statement Contact Dianna L. Ronan CPA 248-443-1093 (Name) (Area Code) (Telephone Number) (Extension) 248-443-8610 dronan@hap.org (Fax Number) **OFFICERS** Title Title Name Name Teresa Lynn Kline President and CEO Richard Evan Swift Treasurer Michelle Denise Johnson Tidjani William Robert Barnes # Esa Secretary Assistant Secretary OTHER OFFICERS Marjorie Ann Staten J.D. # **Assistant Secretary DIRECTORS OR TRUSTEES** Marvin Watson Beatty Shari Lee Burgess Sandra Ann Cavette MPH RDH Colleen Marie Ezzeddine Ph D Jacalyn Sue Goforth # Joyce Viocha Hayes-Giles Harvey Hollins III Jamie Chin-Chen Hsu Ph D Wright Lowenstein Lassiter III Raymond Carmelo Lope Teresa Lynn Kline Judith Stephanie Milosic Susanne Mary Mitchell Adnan Radwan Munkarah MD # Marguerite Subranni Rigby State of .Michigan County of .. ..Wavne. The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Teresa Lynn Kline Richard Evan Swift William Robert Barnes President and CEO Treasurer **Assistant Secretary** Yes [ X ] No [ ] a. Is this an original filing? Subscribed and sworn to before me this b. If no:

Roderick Irwin Curry, Notary

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# **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers: Federal Employees Health Benefit Plan						
Federal Employees Health Benefit Plan	6,784,757	494,472				7,279,229
Robert Bosch Corporation	1,430,305	46,190				1,476,495
						ļ
0299997 Group subscriber subtotal	8,215,062		0		0	8,755,724
0299998 Premiums due and unpaid not individually listed	2,694,436		3,439	0		2,737,847
0299999 Total group	10,909,498		3.439	n	Λ	11,493,570
0399999 Premiums due and unpaid from Medicare entities	34,303				i	34,303
0499999 Premiums due and unpaid from Medicaid entities	1					1
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	10,943,801	580,633	3,439	0	0	11,527,874

# **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

	2	3		5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 - Aggregate of amounts not individually listed above.	5,555,780	4,135,360	01 00 Bays	Over so Bays	Honadinited	9,691,140
0199999 - Pharmaceutical Rebate Receivables	5,555,780	4,135,360	0	0	0	9,691,140
0499998 - Aggregate of amounts not individually listed above.	1,519,475	1,100,000	Ů		Ů	1,519,475
0499999 - Capitation Arrangement Receivables	1,519,475	0	0	0	0	1,519,475
0599998 - Aggregate of amounts not individually listed above.	2,438,712	Ů		565,438	565,438	2,438,712
0599999 - Risk sharing Receivables	2,438,712	0	0	565,438	565,438	2,438,712
0699998 - Aggregate of amounts not individually listed above.	21,989,773	· ·	- v	000,100	000,100	21,989,773
669999 - Other Receivables	21,989,773	0	0	0	0	21,989,773
- Constitution of the Cons	21,000,110		- v		Ů	21,000,110
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0799999 Gross Health Care Receivables	31,503,740	4,135,360	0	565,438	565,438	35,639,101

# EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece During t		Health Care Rec as of December 3	eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	12,805,841	14,593,850		9,691,140	12,805,841	10 , 118 , 448
Claim overpayment receivables					0	
Loans and advances to providers					0	
Capitation arrangement receivables	2,010,293		(1,101,125)	2,620,601	909 , 168	909 , 167
Risk sharing receivables			565,438	2,438,712	565,438	565,439
6. Other health care receivables	3,147,799	1,088,535	12,013,561	9,976,212	15,161,361	15 , 161 , 361
7. Totals (Lines 1 through 6)	17,963,933	15,682,384	11,477,874	24,726,665	29,441,807	26,754,414

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

# **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid (	Aging Analysis of Unpaid Claims											
1	2	3	4	5	6	7							
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total							
Claims Unpaid (Reported)													
						•							
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0199999 Individually listed claims unpaid	333,894	7,588		843	3,873,507	4,215,832							
0399999 Aggregate accounts not individually listed-covered	12,393,380	254,804	71,221	(39,577)	(4,400,790)	8,279,038							
0499999 Subtotals	12,727,274	262,392	71,221	(38,734)	(527, 283)								
0599999 Unreported claims and other claim reserves	, , , , , , , , ,		,==-	(=5), 0./	(=== )200)	113,390,869							
0699999 Total amounts withheld						10,807,73							
0799999 Total claims unpaid						136,693,470							
0899999 Accrued medical incentive pool and bonus amounts			·			4,045,928							

# **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	T 6	Adm	itted
	_	_		_		7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
HAP Midwest Health Plan, Inc	9,460,043					9,460,043	
Alliance Health and Life Insurance Co	7,057,790					7 ,057 ,790	
HAP Preferred, Inc	699,707					699,707	
			<del> </del>	<del> </del>	<u> </u>		
0199999 Individually listed receivables	17 , 217 , 539	Λ	n	n	n	17,217,539	n
0299999 Receivables not individually listed	17,217,000						
039999 Total gross amounts receivable	17,217,539	0	0	0	0	17,217,539	0

# **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Admin Svs Research Corp	Stock transfer and redemption agreement.	21,754,169	21,754,169	
Henry Ford Health System	Management Fees and Reimbursements	3.915.350	3.915.350	
Alliance Health and Life Insurance Compa	Management Fees and Reimbursements	1,204,463	1,204,463	
Admin Sys Research Corp Henry Ford Health System Alliance Health and Life Insurance Compa	Stock transfer and redemption agreement  Management Fees and Reimbursements.  Management Fees and Reimbursements.  Health Choice Plan		18,763	
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0199999 Individually listed payables		26,892,744	26,892,744	0
0299999 Payables not individually listed				
0399999 Total gross payables		26,892,744	26,892,744	0

# **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:	. aje.i.	rotarr ajmonto	3373.34	Total Monto	7 1111114154 1 10114015	. 1011 / 1111111111111111111111111111111
1. Medical groups	250,019,529	18.6	83,824	46.3	126, 355, 484	123,664,045
2. Intermediaries		0.0				
3. All other providers		0.3	97,036	53.7		3,435,013
4. Total capitation payments	253,454,542	18.9	180,860	100.0	126,355,484	127,099,058
Other Payments:						
5. Fee-for-service	13,377,967	1.0	xxx	XXX	1 , 315	13,376,652
6. Contractual fee payments	1,065,595,829	79.4	xxx	XXX	128,336,072	937,259,757
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	10 , 457 , 087	0.8	XXX	XXX	102,101	10,354,986
9. Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments		0.0	xxx	XXX		
12. Total other payments	1,089,430,883	81.1	xxx	XXX	128,439,488	960,991,395
13. Total (Line 4 plus Line 12)	1,342,885,425	100 %	XXX	XXX	254,794,972	1,088,090,453

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT 7 - PART 2 - 30 MINIART OF TRANSACTION		VIAIT DIVIL	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NIONIT				
	NONE				
	1,01,1				
				ļ	
9999999 Totals			XXX	XXX	XXX

# **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	20,335,363		12,551,995	7 ,783 ,369	7 ,783 ,369	0
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	20,335,363	0	12,551,995	7,783,369	7,783,369	0

# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Health Alliance Plan of Michigan

2. Detroit, Michigan

								(LOCATION)		
AIC Group Code 1311 BUSINESS IN THE STATE (	OF Michigan			DURING THE YEAR	2018			NA	C Company Code	95844
	1	Compreh (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	257,944	14,295	167 , 150				15,939	60,560		
2 First Quarter	189,537	4,625	111,709				15,417	57 ,786		
3 Second Quarter	186,746	4,457	109,337				15,258	57 , 694		
4. Third Quarter	183,728	4,225	106,624				15,165	57,714		
5. Current Year	180,860	3,945	104,009				15,042	57,864		
6 Current Year Member Months	2,235,950	53,590	1,305,860				183,174	693,326		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,264,702	16,699	561,473				100,204	586,326		
8. Non-Physician	1,495,759	18,242	613,351				116,664	747,502		
9. Total	2,760,461	34,941	1,174,824	0	0	0	216,868	1,333,828	0	
10. Hospital Patient Days Incurred	184,196	978	36,020				5,052	142,146		
11. Number of Inpatient Admissions	25,654	172	6,515				914	18,053		
12. Health Premiums Written (b)	1,470,810,515	15,590,340	666,795,668				114,299,768	674,124,738		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,470,810,515	15 , 590 , 340	666 , 795 , 668				114 , 299 , 768	674 , 124 , 738		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,342,885,425	13,700,425	599,655,216				107 , 636 , 462	621,893,322		
18. Amount Incurred for Provision of Health Care Services	1,298,593,511	9,045,086	556,393,094				108,584,780	624,570,551		

(a) For health business: number of persons insured under PPO managed care products 0\_\_\_\_\_and number of persons insured under indemnity only products 0\_\_\_\_

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$...............674,124,738



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. Detroit, Michigan

								(LOCATION)		
AIC Group Code 1311 BUSINESS IN THE STATE O	F Consolidated			DURING THE YEAR 2018				NA	IC Company Code	95844
	1	Comprel (Hospital 8	R Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	257,944	14,295	167 , 150	0	0	0	15,939	60,560	0	
2 First Quarter	189,537	4,625	111,709	0	0	0	15,417	57,786	0	
3 Second Quarter	186,746	4,457	109,337	0	0	0	15,258	57,694	0	
4. Third Quarter	183,728	4,225	106,624	0	0	0	15 , 165	57,714	0	
5. Current Year	180,860	3,945	104,009	0	0	0	15,042	57,864	0	
6 Current Year Member Months	2,235,950	53,590	1,305,860	0	0	0	183, 174	693,326	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	1,264,702	16,699	561,473	0	0	0	100,204	586,326	0	
8. Non-Physician	1,495,759	18,242	613,351	0	0	0	116,664	747,502	0	
9. Total	2,760,461	34,941	1,174,824	0	0	0	216,868	1,333,828	0	
10. Hospital Patient Days Incurred	184,196	978	36,020	0	0	0	5,052	142,146	0	
11. Number of Inpatient Admissions	25,654	172	6,515	0	0	0	914	18,053	0	
12. Health Premiums Written (b)	1 ,470 ,810 ,515	15,590,340	666 , 795 , 668	0	0	0	114,299,768	674,124,738	0	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,470,810,515	15 , 590 , 340	666 , 795 , 668	0	0	0	114,299,768	674,124,738	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,342,885,425	13,700,425	599,655,216	0	0	0	107,636,462	621,893,322	0	
18. Amount Incurred for Provision of Health Care Services	1,298,593,511	9,045,086	556,393,094	0	0	0	108,584,780	624,570,551	0	

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products 0\_\_\_\_and number of persons insured under indemnity only products 0\_\_\_

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.............674,124,738

# **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC					Type Of	Type Of			Reserve Liability Other Than For	Reinsurance	Modified	
NAIC	ID			Dominilian	Dainauranaa	Dusiness		Lincornad	Unearned	Davable on Daid	Coinsurance	Funda Withhold
Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Reinsurance Assumed	Business Assumed	Premiums	Unearned Premiums	Premiums	Payable on Paid and Unpaid Losses	Reserve	Funds Withheld Under Coinsurance
Code	Number	Епестіче рате	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
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9999999 T	Totals			1			0	0	0	0	0	0

# SCHEDULE S - PART 2 Listed by Peinsuring Company as of December 31, Current Year

1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates 2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates	Paid Losses	7 Unpaid
NAIC Company Code         ID Number         Effective Date         Name of Company         Domiciliary Jurisdiction           Accident and Health - Non-Affiliates - U.S. Non-Affiliates         U.S. Non-Affiliates           000000.         AA-9990032.         01/01/2016.         US Dept of HIth & Human Serv         DC.           1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates         U.S. Non-Affiliates           2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates	Losses	Unpaid
NAIC Company Code         ID Number         Effective Date         Name of Company         Domiciliary Jurisdiction           Accident and Health - Non-Affiliates - U.S. Non-Affiliates 1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates 2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates         DC.	Losses	Unpaid
Code     Number     Date     Company     Jurisdiction       Accident and Health - Non-Affiliates - U.S. Non-Affiliates     U.S. Dept of HIth & Human Serv     DC.       1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates     DC.       2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates     DC.	Losses	Unpaid
Accident and Health - Non-Affiliates - U.S. Non-Affiliates 00000		
00000AA-999003201/01/2016US Dept of HIth & Human ServDC.  1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates 2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates		Losses
1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates 2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates	22,900	
2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates	22,900	0
	22,900	0
2299999 - Accident and Health - Total Accident and Health 2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)	22,900 22,900	0
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999999 Totals—Life, Annuity and Accident and Health	22,900	(

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# **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31. Current Year

4			1.0.			7	R Reinsuring Con	9		Outstanding 9	Curplus Bolisf	10	14
NAIC	2	3	Name	5	6 Type of	Type of	0	Unearned	10 Reserve Credit	11	12	13 Modified	14
Company	ID I	Effective	of	Domiciliary	Reinsurance	Business			Taken Other than for	11	12	Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums		Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			es – U.S. Non-Affiliates	Julisuiction	Ceded	Ceded	Fieliliuliis	(Estimateu)	Joneanieu Fremiums	Current real	FIIOI Teal	Reserve	Torider Comsurance
	36-4233459	01/01/2018	IZURICH AMER INS CO	NY	SSL/1	CMM							
16535 16535	36-4233459	01/01/2018	ZURICH AMER INS CO.	NY	SSL/G	CMM	774,513						
16535	36-4233459	01/01/2018	ZURICH AMER INS CO.	NY	SSL / I	MR.	51,664						
16535	36-4233459	01/01/2018	ZURICH AMER INS CO.	NY	SSL/G	MR	52.330						
16535	36-4233459	01/01/2018	ZURICH AMER INS CO	NY	SSL/G	FEHBP	111,736						
			on-Affiliates - U.S. Non-Affiliates				1,022,545	0	0	0	0	0	0
			lon-Affiliates – Total Authorized Non-Affiliates				1,022,545	0	0	0	0	0	0
			otal General Account Authorized				1,022,545	0	0	0	· ·	0	0
			Account Authorized, Unauthorized and Certified				1,022,545	0		0		0	0
6999999	- Total U.S. (Sum	of 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 3799999	, 4299999, 4899999,	5399999, 5999999 and	6499999)	1,022,545	0	0	0	0	0	0
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999999	9 Totals						1,022,545	0	0	0	0	0	0

N Sche	dule S - Part 4 IONE dule S - Part 5 IONE	

# **SCHEDULE S - PART 6**

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	(\$000	Omitted)	3	4	5
	2018	2017	2016	2015	2014
A. OPERATIONS ITEMS					
1. Premiums	919	1,181	1,589	1,502	690
Title XVIII-Medicare	104	36	29	56	0
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses	0	(248)	1,678	5,788	6,595
B. BALANCE SHEET ITEMS					
Premiums receivable		0	0	0	0
7. Claims payable		0	82	221	239
Reinsurance recoverable on paid losses	23	243	2,319	5,268	4,455
Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

# **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	439,366,176		439 , 366 , 176
2.	Accident and health premiums due and unpaid (Line 15)	11,527,874		11,527,874
3.	Amounts recoverable from reinsurers (Line 16.1)	22,900		22,900
4.	Net credit for ceded reinsurance	xxx	22,900	22,900
5.	All other admitted assets (Balance)	64,879,668		64,879,668
6.	Total assets (Line 28)	515,796,618	22,900	515,819,518
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	136,693,471	0	136 , 693 , 471
8.	Accrued medical incentive pool and bonus payments (Line 2)	4,045,928		4,045,928
9.	Premiums received in advance (Line 8)	9,948,725		9,948,725
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	110,397,902		110,397,902
15.	Total liabilities (Line 24)	261,086,026	0	261,086,026
16.	Total capital and surplus (Line 33)	254,710,592	XXX	254,710,592
17.	Total liabilities, capital and surplus (Line 34)	515,796,618	0	515,796,618
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	22,900		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	22,900		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	22,900		

# SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama			·				
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California			-				
6. Colorado	CO		-				
7. Connecticut			-				
8. Delaware							
9. District of Columbia	DC						
10. Florida			-				
11. Georgia	GA						
12. Hawaii			-				
13. Idaho							
14. Illinois	IL						
15. Indiana	JN					ļ	ļ
16. lowa	JA						ļ
17. Kansas							
18. Kentucky							
19. Louisiana	LA						
20. Maine							
21. Maryland							ļ
22. Massachusetts							
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	TM						
28. Nebraska	NE						
29. Nevada	NV		_				
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania							
40. Rhode Island							
41. South Carolina							
42. South Dakota							
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia							
48. Washington							
49. West Virginia							
50. Wisconsin							
			-				·
51. Wyoming			1			l	l
52. American Samoa							
53. Guam							
54. Puerto Rico							·
55. US Virgin Islands						l	·
56. Northern Mariana Islands							ļ
57. Canada							
58. Aggregate Other Alien	OT				1		1

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group		NAIC Company	ID	Federal		Exchange if Publicly Traded (U.S. or	Names of Parent. Subsidiaries	Domiciliary	Relationship to Reporting	Directly Controlled by	Board, Management, Attorney-in-Fact,	If Control is Ownership Provide	Ultimate Controlling	Is an SCA Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
	Henry Ford Health Systems					,	Health Alliance Plan of				,	Ĭ	Henry Ford Health		
01311	Group	95844	38-2242827				Michigan	MI	RE	Henry Ford Health System	Ownership	100.0	System		0
	Henry Ford Health Systems		00 0540504						B0	Health Alliance Plan of		400 0	Henry Ford Health		
	Group		38-2513504				HAP Preferred Inc		DS	Michigan	Ownership	100.0	System	Υ	0
01311	Henry Ford Health Systems Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	l N	٥
01311	Henry Ford Health Systems	00134	. 30-3291303				Administration System Research	JVI I	DO	Health Alliance Plan of	. Owner Sirip	100.0	Henry Ford Health		
	Group		38-2651185				Corporation		DS	Michigan	Ownership	100.0	System	] Y	0
	Henry Ford Health Systems									Health Alliance Plan of			Henry Ford Health		
01311	Group	95814	38-3123777				HAP Midwest Health Plan, Inc	MI	DS	Michigan	Ownership	100.0	System	N	0
	Henry Ford Health Systems						l.,								
00000	Group	00000	38 - 1357020				Henry Ford Health System		UDP			0.0	Hanny Family 19	{	0
00000	Henry Ford Health Systems	00000	38-2791823				Henry Ford Wyandotte		NIA	Henry Ford Health System	Ownership.	100.0	Henry Ford Health System		0
00000	Group Henry Ford Health Systems	00000	30-2191023				Therity Ford Wyardotte			heilry Ford hearth system	. Ownerstrip	100.0	Henry Ford Health	1	
00000	Group	00000	38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100 0	System		0
00000	Henry Ford Health Systems	00000	20 17 007				Henry Ford Macomb Real Estate,			l lord risartir system.	0    11   0    11   p		Henry Ford Health	1	
00000	Group	00000	38-2947657				LLC		NIA	Henry Ford Health System	Ownership	100.0	System		0
	Henry Ford Health Systems										· ·		Henry Ford Health		
00000	Group	00000	38 - 2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership	100.0	System		0
00000	Henry Ford Health Systems	00000	00 4040700							l.,		400 0	Henry Ford Health		
00000	Group Henry Ford Health Systems	00000	33-1210726				Neighborhood Development LLC Metropolitan Detroit Area		NIA	Henry Ford Health System	Ownership	100.0	SystemHenry Ford Health		
00000	Group	00000	38 - 1958953				Hospital Services, Inc		NIA	Henry Ford Health System	Ownership.	33.0	System		ا ۱
00000	Henry Ford Health Systems	00000	. 00 - 1000000				110361141 00111003, 1110			l long ford ricartif by stoil	. O will of 3111 p		Henry Ford Health	1	
00000	Group	00000	90-0840304				Henry Ford Innovation Institute.		NIA	Henry Ford Health System	Ownership	100.0	System	]]	0
	Henry Ford Health Systems						Henry Ford Health System			<b>,</b>			Hénry Ford Health		
00000	Group	00000	23-7383042				Foundation		NIA	Henry Ford Health System	Ownership	100.0	System		0
	Henry Ford Health Systems												Henry Ford Health		
00000	Group	00000	32-0306774				Henry Ford Physician Network	·	NIA	Henry Ford Health System	Ownership	100.0	System		0
00000	Henry Ford Health Systems Group	00000	38-3232668				Northwest Detroit Dialysis Centers		NIA.	Henry Ford Health System	Ownership	56.3	Henry Ford Health System		٥
00000	Henry Ford Health Systems	00000	. 30-3232000				Centers			Therity ford hearth system	. Ownerstrip		Henry Ford Health	1	
00000	Group	00000	45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	30.0	System		0
	Henry Ford Health Systems		002000				Macomb Regional Dialysis			, road road to system.			Henry Ford Health	1	
00000	Group	00000	26-0423581				Centers LLC.		NIA	Henry Ford Health System	Ownership	60.0	System	[	0
1	Henry Ford Health Systems	İ								L	<u>l</u>		Henry Ford Health		İ
00000	Group	00000	38-1378121				Sha Realty Corp		NIA	Henry Ford Health System	Ownership	100.0	System	{	0
00000	Henry Ford Health Systems	00000	00 0050705				Dane Coutheast Mishings		ALL A	Hanny Found Health Control	Ouve e e e le i :	F0 0	Henry Ford Health		_
00000	Group	00000	90-0659735	-			Pace Southeast Michigan		NIA	Henry Ford Health System	Ownership	50.0	System	{	U
00000	Henry Ford Health Systems Group	00000	26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		٨
00000	Henry Ford Health Systems	00000	20-0090091	-			inemy rotu west broomittelu		N I M	Them's form health system	. owner surb	100.0	Henry Ford Health	1	
00000	Group.	00000	38-3322462				P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health System	Ownership	100 0	System		0
30000	Henry Ford Health Systems						(4,2,4 5,7)			j v o a noar tir eye toili			Henry Ford Health	]	
00000	Group	00000	41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System	Ownership	100.0	System	[	0
	Henry Ford Health Systems						Henry Ford Physicians						Henry Ford Health		İ
00000	Group	00000	46-5746225				Accountable Care Org LLC		NIA	Henry Ford Health System	Ownership	100.0	System	<u> </u>	0

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Health Alliance Plan of Michigan

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control				
						Exchange if			Relationship		(Ownership, Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)		Percentage	Entity(ies)/Person(s)	(Y/N)	*
	Henry Ford Health Systems						Center for Complementary and						Henry Ford Health		
00000	Group.	00000	30-0092342				Integrative Medicine		NIA	Henry Ford Health System	Ownership	100.0	System		0
00000	Henry Ford Health Systems	00000	40, 400,4007				Henry Ford Health Sys		NII A	Harris Frank Harlith Original	O	400.0	Henry Ford Health		
00000	Group Henry Ford Health Systems	00000	46 - 4064067				Government Affairs Services		NIA	Henry Ford Health System	Ownership	100.0	SystemHenry Ford Health		
00000	Group	00000	38-3044223				Horizon Medical Building, LP		NIA	Henry Ford Health System	Ownership	32.0	System		0
00000	Henry Ford Health Systems	00000	30-3044223				Thorrzon Medicar Burrung, Er	· · · · · · · · · · · · · · · · · · ·		l lenty ford hearth system	0 willer strip		Henry Ford Health	1	
00000	Group	00000	46-5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System	Ownership	49.0	System.		0
	Henry Ford Health Systems						]		]	' ', ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			Henry Ford Health		
00000	Group	00000	47 - 1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System	Ownership	20.0	System		0
	Henry Ford Health Systems						Henry Ford Allegiance Health						Henry Ford Health		
00000	Group	00000	38-2756428				Group		NIA	Henry Ford Health System	Ownership	100.0	System		0
00000	Henry Ford Health Systems	00000	00.0004000				Harris Frank Allandaria Harlet		NII A	Henry Ford Allegiance Health	O	400.0	Henry Ford Health		
00000	Group Henry Ford Health Systems	00000	38-2024689				Henry Ford Allegiance Health	·	NIA	Group Henry Ford Allegiance Health	Ownership	100.0	SystemHenry Ford Health	·	0
00000	Group	00000	38 - 1218485				Henry Ford Allegiance Carelink		NIA	Group.	Ownership.	100.0	System		0
00000	Henry Ford Health Systems	00000	30-12 10403				Henry Ford Allegiance Health			Henry Ford Allegiance Health	. Owner strip	100.0	Henry Ford Health	1	
00000		00000	38-3607833				Foundation		NIA	Group	Ownership	100.0	System		0
00000	Henry Ford Health Systems		00 0007 000							Henry Ford Allegiance Health	0 0 p		Henry Ford Health		
00000	Group	00000	38-3370242				Henry Ford Allegiance Pharmacy		NIA	Group	Ownership	100.0	System		0
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health		
00000		00000	38-2756425				Healthlink		NIA	Group	Ownership	100.0	System	ļ	0
00000	Henry Ford Health Systems	00000	45 0050040				Last and Haalate National 100		NII A	Henry Ford Allegiance Health	O	400.0	Henry Ford Health		
00000	Group Henry Ford Health Systems	00000	45-3253643				Jackson Health Network, L3C		NIA	Group  Henry Ford Allegiance Health	Ownership	100.0	SystemHenry Ford Health	·	0
00000		00000					Telehealth Michigan		NIA	Group	Ownership	100.0	System		0
00000	Henry Ford Health Systems	00000					l lerenearth witchigan			Henry Ford Allegiance Health	. Owner Sirrp	100.0	Henry Ford Health	1	
00000		00000	38-2594857				Physicians Choice Network, LLC		NIA	Group	Ownership	100.0	System		0
	Henry Ford Health Systems	İ					'		]	Henry Ford Allegiance Health	* · * · · · F		Hénry Ford Health	]	
00000	Group.	00000					It's Your Life Services, LLC		NIA	Group	Ownership	100.0	System	ļ	0
2005	Henry Ford Health Systems						L			Henry Ford Allegiance Health			Henry Ford Health		اِ
00000		00000	38 - 2336367	.			Henry Ford Allegiance Hospice		NIA	Group	Ownership	100.0	System	·	0
00000	Henry Ford Health Systems	00000	37 - 1502443				Jackson Community Medical Record. L3C		NILA	Henry Ford Allegiance Health	Ownerchin	100.0	Henry Ford Health System		
00000	Group	00000	31 - 1302443				INCOTU, LOC		NIA	Group	Ownership	100.0	oystelli	·	
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Asterisk	Explanation

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# **SCHEDULE Y**

# PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						Б.
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in		1				Recoverable/
					Loans, Securities, Real	Connection with Guarantees or		Income/		Any Other Material Activity Not in the		(Payable) on
NAIC					Estate, Mortgage	Undertakings for the	Management	(Disbursements) Incurred Under		Ordinary Course of		Losses and/or Reserve
Company	l ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95844	38-2242827	Health Alliance Plan of Michigan	6.661.906	Contributions	IIIVOUIIIOIIIO	7 ((((()))	(288,650,653)	7 tgroomonto		(5,000,000)	(286,988,747)	ranom/Liabinty)
30044	38-2513504	HAP Preferred Inc.					(8,235,206)			(0,000,000)	(8,235,206)	
60134	38-3291563	Alliance Health and Life Insurance Compa					(87 746 314)		l		(87,746,314)	
00.00	38 - 1357020	Henry Ford Health System					342,895,795			5,000,000	347,895,795	
	38-2791823	Henry Ford Wyandotte					26,605,786		1		26,605,786	
	38-2947657	Henry Ford Macomb Hospital					41.822.094				41 822 094	
	26-3896897	Henry Ford Health System. Henry Ford Wyandotte Henry Ford Macomb Hospital. Henry Ford West Bloomfield.					412.557		L		412.557	
	138-3322462 I	P Cor LLC					1.589.334		L		1.589.334	
95814	38-3123777	HAP Midwest Health Plan Inc					(32.494.585)		1		(32.494.585)	
	38-3232668	Northwest Detroit Dialysis Centers					2,640,348				2 640 348	
	26-0423581	Northwest Detroit Dialysis Centers Macomb Regional Dialysis Centers LLC. ASR Sys Res Corp					492,053				492.053	
	38-2651185	ASR Sys Res Corp	(6,661,906)						<u> </u>		(6.661.906)	
	141-2223561 I	Henry Ford Pathology	\				643,226		<u> </u>		643,226	
	30-0092342	Center for Complimentary and Integrated.					25,565				25,565	
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9999999	<b>Control Totals</b>		0	0	0	0	0	0	XXX	0	0	C

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
lowev nterro	lowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cover, in the event that your company does not transact the type of business for which the special report must be filed, your response of gatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your comper reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	f NO to the specific
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
14.		NO
15.	domicile and electronically with the NAIC by March 1?	N0
16.	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	SEE EXPLANATION
		SEE EXPLANATION
18.		SEE EXPLANATION
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?  APRIL FILING	SEE EXPLANATION
20.		NO
21.		NO
22.		YES
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by	LO
24.	April 1?  Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and	YES
	the NAIC by April 1?	SEE EXPLANATION
25.	Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?  AUGUST FILING	SEE EXPLANATION
26.		YES
20.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domining by August 1:	
ynlan	ation:	
1.		
2.		
3. No	t applicable	
4.		
5.		
6. Hea	alth Alliance Plan writes Medicare Part D through its Medicare Advantage Plan	
	t applicable	
	t applicable	
U. INU	с аррттовото	

19. Not applicable

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

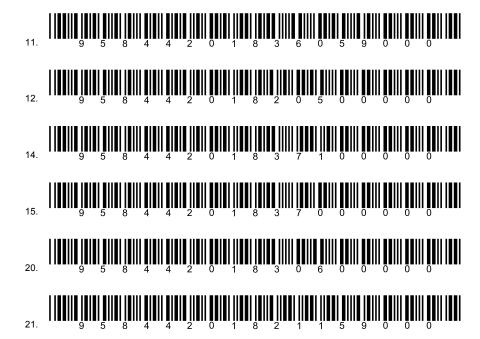
20.

21.

24. Health Alliance is not a member of the Michigan Life & Health Insurance Guaranty Association

25. Health Alliance is not a member of the Michigan Life & Health Insurance Guaranty Association

#### Bar code:



# **OVERFLOW PAGE FOR WRITE-INS**

M003 Additional Aggregate Lines for Page 03 Line 23. \*LIAB - Liabilities

	1	2	3	4
	Covered	Uncovered	Total	Total
2304. Liability for CMS Coverage Gap Discount Program.			0	1,694,482
2305. Group Rating Adjustment	L		0	1,218,271
2306.			0	0
2397. Summary of remaining write-ins for Line 23 from Page 03	0	0	0	2,912,753

M005 Additional Aggregate Lines for Page 05 Line 47. \*REVEX2 - Capital and Surplus Account

		1	2
		Current Year	Prior Year
4704.	2016 Audit Adjustments.		(405,806)
4705.	Reduction of Put Option Liability	(9,029,984)	0
4706.	Proceeds from Dissolution of HealthPlus Trust	6,531,626	
4797.	Summary of remaining write-ins for Line 47 from Page 05	(2,498,358)	(405,806)

M015 Additional Aggregate Lines for Page 15 Line 9.

\* EXCAPGLOSS - Exhibit of Capital Gains (Losses)

				4	5
	1	2	3		
	Realized				Change in
	Gain (Loss)	Other	Total Realized	Change in	Unrealized Foreign
	On Sales or	Realized	Capital Gain (Loss)	Unrealized Capital	Exchange Capital
	Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Gain (Loss)
0904. Blackrock Strat Inc Opp - Other Gain/Loss			0	(881)	
0997. Summary of remaining write-ins for Line 9 from page 15	0	0	0	(881)	0

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